

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Pharmacists Association Political Action Committee

ADDRESS (number and street) ▼

2215 Constitution Avenue, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20037

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00193854

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Joe Janela

Signature of Treasurer

Mr. Joe Janela

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		89658.35
(b) Cash on Hand at Beginning of Reporting Period.....	42528.28	
(c) Total Receipts (from Line 19)	10493.50	47959.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	53021.78	137617.44
7. Total Disbursements (from Line 31)	15596.08	100191.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37425.70	37425.70
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Pharmacists Association Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
07 01 2015

To:

M M / D D / Y Y Y Y Y
09 30 2015
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

3557.00

19454.79

(ii) Unitemized

6936.50

28504.30

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

10493.50

47959.09

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

10493.50

47959.09

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

10493.50

47959.09

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

10493.50

47959.09

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	596.08	11691.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	596.08	11691.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	84000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	4500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	4500.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15596.08	100191.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15596.08	100191.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	10493.50	47959.09
34. Total Contribution Refunds (from Line 28(d))	0.00	4500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10493.50	43459.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	596.08	11691.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	596.08	11691.74

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: F3XN
Transaction ID :

This amendment is to correct errors on the original report.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy A Alvarez

Mailing Address 21611 Audubon Way

NULL

City

Lake Forest

State

CA

Zip Code

92630-5752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Endo Health Solutions

Occupation

ADMINSTRATION_STRATIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		17		2015

Transaction ID : C3101992

Amount of Each Receipt this Period

180.00

Full Name (Last, First, Middle Initial)

B. Amber L. Briggs

Mailing Address PO Box 2605

NULL

City

Soldotna

State

AK

Zip Code

99669-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Clinical Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

-25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		31		2015

Transaction ID : C3117136

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Amber L. Briggs

Mailing Address PO Box 2605

NULL

City

Soldotna

State

AK

Zip Code

99669-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Clinical Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

-25.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		31		2015

Transaction ID : C3102037

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amber L. Briggs

Mailing Address PO Box 2605

NULL

City

Soldotna

State

AK

Zip Code

99669-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Peninsula Hospital

Occupation

Clinical Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

-25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C3117387

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Evan W. Colmenares

Mailing Address 103 Misty Woods Cir

Apt L

City

Chapel Hill

State

NC

Zip Code

27514-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of North Carolina At Chapel

Occupation

Information Requested

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : C3102080

Amount of Each Receipt this Period

1.00

Full Name (Last, First, Middle Initial)

c. Kimberly L. Croley

Mailing Address 317 Chestnut St

City

Corbin

State

KY

Zip Code

40701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Laurel Senior Living Communities

Occupation

DIR_ASSOC_OR_ASST_DIR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2015

Transaction ID : C3047102

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

68.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kimberly L. Croley

Mailing Address 317 Chestnut St

City State Zip Code
Corbin KY 40701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Senior Living Communities

Occupation
DIR_ASSOC_OR_ASST_DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2015

Transaction ID : C3067626

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

B. Kimberly L. Croley

Mailing Address 317 Chestnut St

City State Zip Code
Corbin KY 40701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurel Senior Living Communities

Occupation
DIR_ASSOC_OR_ASST_DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

378.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2015

Transaction ID : C3090177

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

C. Susan M Holden

Mailing Address 15 Juniper Rd

City State Zip Code
Medway MA 02053-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer
VA Boston Healthcare System

Occupation
STAFF_PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2015

Transaction ID : C3063645

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

109.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Susan M Holden

Mailing Address 15 Juniper Rd

City

Medway

State

MA

Zip Code

02053-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Boston Healthcare System

Occupation

STAFF_PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 30 / 2015

Transaction ID : C3101915

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Susan M Holden

Mailing Address 15 Juniper Rd

City

Medway

State

MA

Zip Code

02053-2439

FEC ID number of contributing
federal political committee.

C

Name of Employer

VA Boston Healthcare System

Occupation

STAFF_PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2015

Transaction ID : C3117386

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Maclay Edward Hoyne

Mailing Address 7990 E Snyder Rd Apt 25103

NULL

City

Tucson

State

AZ

Zip Code

85750-9053

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Medical Center

Occupation

STAFF_PHARMACIST

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 04 / 2015

Transaction ID : C3102009

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas E Menighan

Mailing Address 7011 Clinton Ct

NULL

City

Annapolis

State

MD

Zip Code

21403-7602

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Pharmacists Association

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

08 / 25 / 2015

Transaction ID : C3101911

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Michael A. Mone

Mailing Address 4909 Scenic Creek Dr

NULL

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

DIR_ASSOC_OR_ASST_DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

07 / 08 / 2015

Transaction ID : C3117131

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael A. Mone

Mailing Address 4909 Scenic Creek Dr

NULL

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

DIR_ASSOC_OR_ASST_DIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

08 / 14 / 2015

Transaction ID : C3117148

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael A. Mone

Mailing Address 4909 Scenic Creek Dr

NULL

City

Powell

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Health

Occupation

DIR_ASSOC_OR_ASST_DIR

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2015

Transaction ID : C3117149

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael S. Mosley

Mailing Address 7701 Mokena Ct

City

New Port Richey

State

FL

Zip Code

34654-5647

FEC ID number of contributing
federal political committee.

C

Name of Employer

PETNET Solutions

Occupation

MANAGER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2015

Transaction ID : C3113538

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2015

Transaction ID : C3046165

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 26 / 2015

Transaction ID : C3058052

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 09 / 2015

Transaction ID : C3067556

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Marilyn S. Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060-2038

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2015

Transaction ID : C3089228

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 09 / 2015

Transaction ID : C3046166

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Matthew Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

07 / 26 / 2015

Transaction ID : C3058053

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Matthew Osterhaus

Mailing Address 918 W Platt St

City

Maquoketa

State

IA

Zip Code

52060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osterhaus Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

690.00

Date of Receipt

08 / 09 / 2015

Transaction ID : C3067557

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew Osterhaus

Mailing Address 918 W Platt St

City State Zip Code
 Maquoketa IA 52060

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Osterhaus Pharmacy

Occupation
 Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 09 / 2015

Transaction ID : C3089229

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Donald Smith

Mailing Address 802 E Medical Ct

City State Zip Code
 Post Falls ID 83854

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medicine Man West Pharmacy

Occupation
 PHARMACIST_GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015

Transaction ID : C3102100

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Donald Smith

Mailing Address 802 E Medical Ct

City State Zip Code
 Post Falls ID 83854

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Medicine Man West Pharmacy

Occupation
 PHARMACIST_GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2015

Transaction ID : C3117385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Donald Smith

Mailing Address 802 E Medical Ct

City

State

Zip Code

Post Falls

ID

83854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

PHARMACIST_GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : C3102101

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Donald Smith

Mailing Address 802 E Medical Ct

City

State

Zip Code

Post Falls

ID

83854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

PHARMACIST_GENERAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : C3113549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Sherrill Spires

Mailing Address PO BOX 499

City

State

Zip Code

Mendocino

CA

95460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rite Aid

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2015

Transaction ID : C3102004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

3557.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 31 / 2015

Transaction ID : D168592

Amount of Each Disbursement this Period

2.40

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 31 / 2015

Transaction ID : D168593

Amount of Each Disbursement this Period

0.80

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address P.O. Box 53852

City Phoenix State AZ Zip Code 85072-3852

Purpose of Disbursement
Credit Card Fee

001

Candidate Name

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 08 / 2015

Transaction ID : D168594

Amount of Each Disbursement this Period

0.80

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Evalon Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 31 2015
Transaction ID : D168595

Amount of Each Disbursement this Period

104.34

Full Name (Last, First, Middle Initial)

B. Evalon Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 31 2015
Transaction ID : D168596

Amount of Each Disbursement this Period

109.34

Full Name (Last, First, Middle Initial)

C. Evalon Merchant Services

Mailing Address 7300 Chapman Hwy

City Knoxville State TN Zip Code 37920-6612

Purpose of Disbursement
Merchant Fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 01 2015
Transaction ID : D168597

Amount of Each Disbursement this Period

121.21

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

334.89

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Pharmacists Association Political Action Committee

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

97.58

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

86.23

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

55.82

239.63

596.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL FLORES FOR CONGRESS

Mailing Address PO BOX 6207

City BRYAN	State TX	Zip Code 77805
---------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Bill FloresOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		29		2015

Transaction ID : D168388

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILLY LONG FOR CONGRESS

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Billy LongOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : D167704

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City Spokane	State WA	Zip Code 99210
-----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Cathy McMorris RodgersOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2015

Transaction ID : D168343

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCKINLEY FOR CONGRESS

Mailing Address 32 20TH STREET

City WHEELING	State WV	Zip Code 26003
------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. David B. McKinley

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WV District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2015

Transaction ID : D168358

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DIANA DEGETTE FOR CONGRESS

Mailing Address P.O. BOX 61337

City DENVER	State CO	Zip Code 80206
----------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Diana DeGette

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CO District: 01	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : D167713

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City SACRAMENTO	State CA	Zip Code 95812
--------------------	-------------	-------------------

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Doris Matsui

Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 06	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : D167699

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 232 NE 9TH

City
PORTLANDState
ORZip Code
97232Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Earl Blumenauer

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2020

☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : D167717

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JENKINS FOR CONGRESS

Mailing Address PO BOX 727

City
HUNTINGTONState
WVZip Code
25711Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. Evan Jenkins

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

Transaction ID : D168720

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BUTTERFIELD FOR CONGRESS

Mailing Address PO BOX 2571

City
WILSONState
NCZip Code
27894Purpose of Disbursement
Campaign Contribution

011

Candidate Name

Rep. G.K. Butterfield

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2015

Transaction ID : D167703

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. KAREN BASS FOR CONGRESS

Mailing Address 777 S. FIGUEROA STREET

City	State	Zip Code
LOS ANGELES	CA	90017

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Karen BassOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 37

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2015

Transaction ID : D168354

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MORGAN GRIFFITH FOR CONGRESS

Mailing Address PO BOX 361

City	State	Zip Code
CHRISTIANSBURG	VA	24068

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Morgan GriffithOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : D167716

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City	State	Zip Code
ROSEVILLE	MI	48066

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Sander M. LevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2020
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2015

Transaction ID : D167714

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Pharmacists Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. TONY CARDENAS FOR CONGRESS

Mailing Address 3700 WILSHIRE BLVD SUITE 1050-B

City	State	Zip Code
LOS ANGELES	CA	90010

Purpose of Disbursement
Campaign Contribution

Candidate Name

Rep. Tony Cardenas

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 29

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2015

Transaction ID : D167715

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Campaign Contribution

Candidate Name

Sen. Mark Warner

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: VA	District: 00

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2015

Transaction ID : D167705

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City	State	Zip Code
CHARLESTON	SC	29407

Purpose of Disbursement
Campaign Contribution

Candidate Name

Sen. Tim Scott

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: SC	District: 00

Disbursement For: 2020
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2015

Transaction ID : D167718

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

15000.00
